

APPLICATION FOR FREE SCHOOL MEALS

This form must be signed by the person claiming the qualifying benefit

Claims cannot be processed without the
Date of Birth (D.o.B) and National Insurance Number of the Claimant

Please complete the following details in full							
Full name of claimant:						(Mr/Mrs/Miss/Ms)	
Address:							
				Postcode:			
D.o.B of claimant				Telephone:			
National Insurance Number:							
Children for whom you are claiming							
Legal First Name	Legal Surname	M/F	D.o.B	School	Relationship to Claimant		

Declaration of entitlement – Please read carefully before signing

I wish to claim Free School Meals for the above children. I confirm that I am either eligible for and/or in receipt of one of the following (please tick):

Child Tax Credit but do not receive Working Tax Credit and that my annual income is less than £16,190 (PLEASE NOTE IF YOU ARE RECEIVING WORKING TAX CREDIT, OR IF YOU HAVE A PARTNER AND THEY ARE RECEIVING WORKING TAX CREDIT, REGARDLESS OF INCOME, YOU WILL NOT QUALIFY)	
Income Support	
Income-Based Job Seekers Allowance	
Income Related Employment and Support Allowance	
The Guarantee Element of State Pension Credit	
or that I am an Asylum Seeker	

I certify that the information I have given is correct.

I will tell the Local Authority and the school if I stop receiving these benefits or if there are any other relevant changes in my circumstances (such as my address)

I understand that it is fraudulent to give false information.

I agree that in order for you to process my claim for free school meals you may contact any other sources as allowed by law to verify my initial and ongoing entitlement.

Signature of claimant: _____ Date: _____

PLEASE NOTE: LATE CLAIMS CANNOT BE BACK DATED

When completed this form should be returned to:

Free School Meals, S.O.A.T Team, Education Offices, Floor 6, Block A, Tipping Street, Stafford, ST16 2DH

FOR OFFICE USE:

NEW CLAIM		ENTITLED		START DATE		GRANTED UNTIL	
RENEWAL							
HUB CHECK		DATE		ASSESSED BY			

